# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037538
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 241

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0047
2 0700
3 2
4 0
5 1
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7 1
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12 1-0
13 2-0

DATE AMENDED | INSTEAD OF | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | ITEM NO. | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Harold D Lankford MD

FILED NOV 13 1962

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Montgomery
c. CITY OR TOWN: Wellsville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 410 Locust
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Edgar Middle: Scott Last: Jennings

4. DATE OF DEATH: Month, Day, Year: Oct. 27, 1962

5. SEX: Male

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Aug. 14, 1892

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months 2 Days 13
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: general farming

11. BIRTHPLACE (City and state or country): North Dakota

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joe Jennings

13b. MOTHER'S MAIDEN NAME: Fannie Jonnson

14. NAME OF HUSBAND OR WIFE: Alice Cox Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Alice Jennings, Wellsville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Pulmonary embolus | sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Coronary sclerosis thrombosis | 24 hours |
| DUE TO (c) | Polycythemia | years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-16-62 to 10-27-62 and last saw her/him alive on 10-27-62
Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold D Lankford M.D

22b. ADDRESS: Mexico Mo

22c. DATE SIGNED: 11-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY: Wellsville

23d. LOCATION (City, town, or county) (State): Wellsville, Mo

24. FUNERAL DIRECTOR ADDRESS: Howard F. Myers, Wellsville, Mo

25. DATE RECD. BY LOCAL REG.: Nov 4-1962

26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Permit Issued
10-22-62
B.M.

NOV 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Snyder

Licensed Embalmer No. ~~xxxx~~ 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.